

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR CBS TYPE FORM PRO-471)						SERIAL NO. 9/890688	PLANS DATE
						9/12/05	
9/12/05 CLAIMS							
AS FILED		AFTER AN AMENDMENT		AFTER AN AMENDMENT		9/12/05	
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						61	
2						62	
3						63	
4						64	
5						65	
6						66	
7						67	
8						68	
9						69	
10						70	
11						71	
12						72	
13						73	
14						74	
15						75	
16						76	
17						77	
18						78	
19						79	
20						80	
21						81	
22						82	
23						83	
24						84	
25						85	
26						86	
27						87	
28						88	
29						89	
30						90	
31						91	
32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL NO.	10					TOTAL NO.	11
TOTAL DEP.	36					TOTAL DEP.	41
TOTAL FEE	36					TOTAL FEE	52

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